

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sweeney, Patrick J.
Title: VERTEBRAL PROSTHESIS
Appl. No.: 10/686,998
Filing Date: 10/16/2003
Examiner: Miller, Cheryl L.
Art Unit: 3738
Conf. No.: 7428

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Also enclosed:

[X] Declaration Under 37 C.F.R. § 1.131 (2 pages) with Exhibits A-C (13 pages)

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	38	-	70	=	0	x	\$52.00	=	\$0.00
Independent Claims:	7	-	8	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$390.00 = \$0.00
CLAIMS FEE TOTAL									= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$130.00	\$130.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:			\$130.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$130.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$65.00
Extension Fees Previously Paid:			\$0.00
TOTAL FEE:			\$65.00

The above-identified fee of \$65.00 is being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to

Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 7, 2008

By /James D. Borchardt/

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James D. Borchardt
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